

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: _____		2 Serial/Patent # 10/517419										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing				\$							
<input type="checkbox"/>	Amendment				\$							
<input type="checkbox"/>	Extension of Time				\$							
<input type="checkbox"/>	Notice of Appeal/Appeal				\$							
<input type="checkbox"/>	Petition				\$							
<input type="checkbox"/>	Issue				\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$							
<input type="checkbox"/>	Maintenance				\$							
<input type="checkbox"/>	Assignment				\$							
<input type="checkbox"/>	Other				\$							
		7 TOTAL AMOUNT OF REFUND		\$								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>1</td><td>--</td><td>0</td><td>8</td><td>5</td><td>5</td> </tr> </table>				1	1	--	0	8	5	5
1	1	--	0	8	5	5						
<input type="checkbox"/>	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Nelson Abando</u>		TITLE: _____										
SIGNATURE: _____		PHONE: _____										
OFFICE: <u>(703) 365-8421</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: BEST AVAILABLE COPY										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: